

VIRGINIA INITIAL REFUGEE HEALTH ASSESSMENT QUICK REFERENCE GUIDE

All refugees should have a comprehensive health screening within 30-45 days of arrival in Virginia. After the exam, complete the Virginia Department of Health Initial Refugee Health Assessment Form and return it to the **State Newcomer Health Program**.

FOR REIMBURSEMENT PURPOSES: LEVEL I IS REQUIRED AND LEVEL II IS RECOMMENDED

Disease or Condition Level 1 - Required Screenings

General Health	Assess general health by reviewing overseas health records, medical history and performing a general physical exam to assess <u>current</u> health status (check height/weight to determine nutritional status, blood pressure, vision, and hearing).
Tuberculosis (TB)	<p>Perform a tuberculin skin test (TST) for all individuals regardless of BCG history, unless documented previous positive test. Pregnancy is not a medical contraindication for TST testing or for treatment of active or latent TB. TST administered prior to 6 months of age may yield false negative results. A chest x-ray should be performed for all individuals with a positive TST.</p> <p>A chest x-ray should also be performed <u>regardless of TST results</u> for:</p> <ul style="list-style-type: none">• Those with a TB Class A or B designation from overseas exam, and• Those who have symptoms compatible with TB disease, or• Those with HIV infection <p>Assure comparison with overseas film if available</p>
Lead	<p>Venous or confirmed capillary blood lead level (BLL) is required in *Virginia for all refugee and Newcomer children under 6 years of age. It is recommended per CDC guidelines for all Refugee children ages 6 months to 16 years of age within 90 days of arrival into the U.S. An elevated BLL test is a result ≥ 10 ug/dl of blood for which appropriate management is needed.</p> <p>* Virginia regulations 12 VAC 120 and Virginia, <i>Guidelines for Childhood Lead Poisoning Testing</i> <u>Virginia Guidelines for Testing Children for Lead Poisoning, 2009</u></p>
Immunizations	<p>Evaluate immunization history and review all available related overseas documentations. If no documentation, assume patient is unvaccinated. Those vaccines required based on the refugee's age must be administered.</p> <ul style="list-style-type: none">• Provide vaccinations per the Advisory Committee on Immunization (ACIP) guidelines for child or adult schedule indicated at: http://www.cdc.gov/vaccines/recs/schedules/default.htm• Note: Refugees are required to have certain vaccinations for adjustment of status (done by U.S. Citizenship and Immigration Services- one year post U.S. arrival). For more information follow the following link: http://www.cdc.gov/ncidod/dq/civil_ti_vacc.htm• HPV vaccine is only available at Local Health Districts for children < 19 years of age who are eligible for the Vaccine for Children Program.

Disease or Condition	Level 2 - Recommended Screenings
----------------------	----------------------------------

Hepatitis B Hepatitis B testing may be indicated for refugees from Africa, Asia, and Eastern Europe including the countries of the former Soviet Union or if symptomatic. Screen for Hepatitis B surface antigen (HBsAg) and Hepatitis surface antibody (anti-HBs).

- Refer individuals with positive (HBsAg) to a primary care provider for further evaluation and treatment recommendations.
- For additional information follow this link: WHO World Health Organization, Hepatitis B at:
<http://www.who.int/mediacentre/factsheets/fs204/en/>

Intestinal Parasites Evaluate and assess the following individuals for possible intestinal parasite infection: refugees from Africa, Asia, Eastern Europe including the countries of the former Soviet Union, children ≤ 5 age 5, symptomatic individuals (S/S: abdominal pain, diarrhea, etc.), people with eosinophilia, and other groups who may be identified as being unusually high risk.

- For suspect infection, obtain two stool samples for ova and parasites (O&P).
- For uncomplicated positive parasite results, clinicians should discuss with patient and treat accordingly.
- Patient treatment and management will vary based on identified parasitic infection.
- For additional information follow this link: CDC, Division of Parasitic Diseases at:
www.cdc.gov/ncidod/dpd

Malaria Screen those refugees who present with symptoms suspicious of malaria. For symptomatic refugees from highly endemic areas, i.e., sub-Saharan Africa, screen or presumptively treat if no documented pre-departure therapy (note contraindication for pregnant or lactating women and children ≤ 5 kg)

Sexually Transmitted Infections Screen those refugees who present with signs or symptoms of HIV or STI. Consider screening those who have reached sexual maturity or who have risk factors for HIV or an STD. If treatment is necessary, refer to your Local Health District STD clinic.

Other Recommended Health Issues to Consider

Hematologic disorders (eosinophilia & anemia), dental carries, nutritional deficiencies, thyroid disease, dermatologic abnormalities, history of trauma, and mental health concerns (e.g. headaches, nightmares, depression). Refer to other health resources as needed.

VDH, Division of Disease Prevention

State Newcomer Health Program

109 Governor Street

P.O. BOX 2448, RM 326

Richmond, VA 23218-2448

<http://www.vdh.state.va.us/epidemiology/DiseasePrevention/Programs/NewcomerHealth/index.htm>

TEL: (804) 864-7910

FAX: (804) 864-7913

